

## NCI Activities with National Cancer Organizations

Please submit the following information for each activity in which your division/office has been involved with advocacy and voluntary organizations or scientific and professional societies. While every question is not essential to answer, the questions with an asterisk are necessary for our tracking purposes. Please fill in as much information as possible.

**\* Indicates a Required Field**

1. \* What is the activity **TITLE**? \_\_\_\_\_
2. \* What **TYPE** of activity is this?
  - ☐ Policy Setting
  - ☐ Planning and setting research priorities
  - ☐ Education, Information, and Training
  - ☐ Outreach/Promotion
  - ☐ Other type of activity (describe) \_\_\_\_\_
3. \* How can the activity be **DESCRIBED** in 1-2 sentence(s)?  
For example, "This activity is intended to assist recruitment in the XYZ clinical trial." Other examples could include "provide training to advocacy groups" or "host meetings".  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \* What are the **DATES** of the Activity?      \*Start Date: (MM/DD/YYYY) \_\_\_\_\_  
   End Date: (MM/DD/YYYY) \_\_\_\_\_
5. \* Who is the **PRIMARY NCI CONTACT** person for this Activity?  
(Please enter any information that you have available.)  
  
\* NCI Contact Name: \_\_\_\_\_  
\* NCI Division/Office: \_\_\_\_\_  
Program/Branch: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any **ADDITIONAL NCI CONTACT** persons?  
(Please enter any information that you have available.)

***Additional NCI Contact # 1:***

\* NCI Contact Name: \_\_\_\_\_  
\* NCI Division/Office: \_\_\_\_\_  
Program/Branch: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional NCI Contact # 2:***

\* NCI Contact Name: \_\_\_\_\_  
\* NCI Division/Office: \_\_\_\_\_  
Program/Branch: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional NCI Contact # 3:***

\* NCI Contact Name: \_\_\_\_\_  
\* NCI Division/Office: \_\_\_\_\_  
Program/Branch: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

6. \* Who are the **CONTACT PERSONS** from each **ORGANIZATION** that participated in the activity?  
If this activity is represented by more than ten organizations, please choose 'Multiple Organizations'  
and go to question 7. If the contact person is not associated with an advocacy/voluntary organization,  
enter 'Independent Advocate' as the Organization name. If the organization with which the person is  
affiliated is unknown, enter 'Unknown' as the Organization name. Otherwise, please enter the  
information you have available.

☐ Multiple Organizations OR

Organization: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Organizations:**

***Additional Organization Contact # 1:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 2:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 3:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 4:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact #5:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 6:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact #7:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 8:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional Organization Contact # 9:***

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

7. \* What is **YOUR NAME, ORGANIZATION, TELEPHONE, AND EMAIL ADDRESS?**  
(For internal OLA use only.)

Name: \_\_\_\_\_

Division/Office: \_\_\_\_\_

Program/Branch: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

8. What is the **STATUS** of this Activity? ☐ Complete ☐ Ongoing ☐ Inactive
9. What specific **CANCER SITES OR DISEASE TYPES** does this activity represent? If this activity does not represent specific cancer types, please check 'Not site-specific' and go to question 10.

☐ Not site specific OR

Cancer Site/Disease Type

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

10. What **RACIAL OR ETHNIC POPULATIONS** does this activity represent? (Check one.)

☐ All Populations  
OR

Choose from the following:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

11. Is a **REPORT OR SUMMARY** of this activity available? ☐ Yes ☐ No

12. Are there **KEYWORDS OR PHRASES** that should be used to describe this activity?

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13. Are there any particular **ACCOMPLISHMENTS** that you would like to mention?

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14. Is there **OTHER INFORMATION** that people need for this activity?

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15. Do you have any **SPECIAL INSTRUCTIONS OR COMMENTS** you would like to bring to the ATS administrator's attention?

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16. If this activity has a **WEB SITE**, please enter the URL here:

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- ☐ Check the box on the left if more information will be available about this activity at a later date.

***Thank you for taking the time to complete this form.***

Please *mail* or *fax* the completed form to:

**Kristie S. Dionne**  
NCI Office of Liaison Activities  
Federal Building, Room 6C10  
7550 Wisconsin Avenue, MSC 9180  
Bethesda, MD 20892-9180

**FAX: (301) 480-7558**  
Phone: (301) 594-3194